

L11000137184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

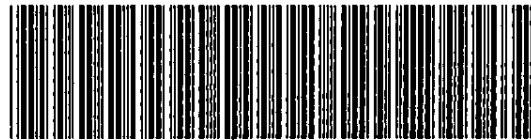
(Business Entity Name)

(Document Number)

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12 JAN -3 PM 12:23
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 810 NW 15 STREET, HOMESTEAD LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM G. HERSMAN, ESQ

Name of Person

THE LAW OFFICE OF WILLIAM G. HERSMAN P. A.

Firm/Company

10631 SW 88TH STREET, SUITE 210

Address

MIAMI, FL 33176

City/State and Zip Code

BARBIE@WHERMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBIE RODRIGUEZ

Name of Person

at (786)

621-6339

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FLORIDA

12 JAN -3 PM 12:26

2011-01-12

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

810 NW 15 STREET, HOMESTEAD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/06/2011 and assigned
Florida document number L11000137184.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

394 PARK PLACE

BROOKLYN, NY 11238

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

394 PARK PLACE

BROOKLYN, NY 11238

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager


MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		394 PARK PLACE BROOKLYN, NY 11238	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		394 PARK PLACE BROOKLYN, NY 11238	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE ADDRESS FOR PRINCIPAL, MAILING AND BOTH MGRM IS "394 PARK PLACE, BROOKLYN, NY 11238". THE ADDRESS WAS TYPED INCORRECTLY.

Dated DECEMBER 12, 2011


Signature of a member or authorized representative of a member

WILLIAM G. HERSMAN, ESQ

Typed or printed name of signee

12 JAN -3 PM 12:26
STATE
ALLIANCE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2011

WILLIAM G. HERSMAN, ESQ.
THE LAW OFFICE OF THE WILLIAM G. HERSMAN
10631 SW 88TH STREET, SUITE 210
MIAMI, FL 33176

SUBJECT: 810 NW 15 STREET, HOMESTEAD LLC
Ref. Number: L11000137184

We have received your document for 810 NW 15 STREET, HOMESTEAD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00028303